Prevention Is the Best Medicine : Development of a Work and Health Toolkit for New Immigrants Using Settlement Services in Ontario

*Mieux vaut prévenir que guérir : mise au point d'une trousse en santé et sécurité
pour les nouveaux immigrants qui utilisent les services d'établissement en
Ontario*

*La prevención es la mejor medicina: Desarrollo de un kit de herramientas de
salud y trabajo salud para los nuevos inmigrantes que utilizan los servicios de
acogida en Ontario*

**Agnieszka Kosny, Marni Lifshen, Peter Smith, Ron Saunders and Roland
Rhooms**

Electronic version

URL: <http://journals.openedition.org/pistes/3883>

DOI: 10.4000/pistes.3883

ISSN: 1481-9384

Publisher

Les Amis de PISTES

Electronic reference

Agnieszka Kosny, Marni Lifshen, Peter Smith, Ron Saunders and Roland Rhooms, « Prevention Is the Best Medicine : Development of a Work and Health Toolkit for New Immigrants Using Settlement Services in Ontario », *Perspectives interdisciplinaires sur le travail et la santé* [Online], 16-2 | 2014, Online since 01 April 2014, connection on 01 May 2019. URL : <http://journals.openedition.org/pistes/3883> ; DOI : 10.4000/pistes.3883

This text was automatically generated on 1 May 2019.

Pistes est mis à disposition selon les termes de la licence Creative Commons Attribution - Pas d'Utilisation Commerciale - Pas de Modification 4.0 International.

Prevention Is the Best Medicine : Development of a Work and Health Toolkit for New Immigrants Using Settlement Services in Ontario

Mieux vaut prévenir que guérir : mise au point d'une trousse en santé et sécurité pour les nouveaux immigrants qui utilisent les services d'établissement en Ontario

La prevención es la mejor medicina: Desarrollo de un kit de herramientas de salud y trabajo salud para los nuevos inmigrantes que utilizan los servicios de acogida en Ontario

Agnieszka Kosny, Marni Lifshen, Peter Smith, Ron Saunders and Roland Rhooms

1. Background

- 1 The burden of work injuries in Canada is a serious public health concern. In 2011, 249,511 workers sustained a lost time injury and 919 were killed on the job (Association of Workers' Compensation Boards (2012a, 2012b)).¹ Rates of injury, however, are not evenly distributed. Certain groups, for example, new employees (Breslin and Smith, 2005) and recent immigrants (Corvalan et coll., 1994 ; Smith and Mustard, 2009 ; Dong and Platner, 2004) are more likely to experience a work-related injury.
- 2 Immigrants are very important to the Canadian labour market and represent approximately 20 % of the labour force (Citizenship and Immigration Canada, 2012). In 2011, Canada accepted 248,748 permanent immigrants. Out of all provinces and territories, Ontario accepts the greatest share of immigrants (40 %). Permanent immigrants come to Canada through three major streams: economic, family and humanitarian. *Economic stream* immigrants are chosen for their skills and ability to

contribute to the Canadian economy. This group includes skilled workers and business (investor) immigrants, as well as their dependents and spouses. Principal applicants in this group (but not their spouses or dependents) must have educational credentials, work experience and language skills that should increase their likelihood of success in the Canadian labour market. *Family stream* immigrants are sponsored by family members who are residents in Canada. This group includes spouses, children, parents and grandparents of landed immigrants or Canadian citizens. Family class immigrants and their dependents are expected to be financially and socially supported by their sponsor for up to 10 years. They are not required to have the same credentials or language skills as those in the economic stream. *Humanitarian/refugee* stream immigrants are asylum seekers who have made their way to Canada, as well as government sponsored refugees drawn from refugee camps and countries in political turmoil. Many of these immigrants, their spouses and dependents have not had an opportunity to prepare for their transition to Canada, and they are not screened for language skills or credentials (Citizenship and Immigration Canada, 2012).

- 3 The proportion of immigrants coming to Canada under each category has changed over time. In the 1980s, family class immigrants made up a clear majority of those coming to Canada. In the 1990s and 2000s economic immigrants dominated. In 2011, 34 % of immigrants were in the family class, 49 % were in the economic class and 11 % were in the refugee class (Citizenship and Immigration Canada, 2012). The cultural and linguistic composition of immigrants has also changed over the last 50 years. Before 1986, most people immigrating to Canada were of European origin, with Italy and the United Kingdom being the most common countries of birth. Through the 1990s to the present day, most immigrants have been visible minorities and the top three source countries have been the Philippines, China and India (Citizenship and Immigration Canada, 2012).
- 4 Immigrant-serving agencies or “settlement agencies” provide a vast range of services to newcomers. These services include language programming, counselling, interpretation and translation, referral and information services, job search assistance and training, legal assistance and health programs. The Government of Ontario funds a Newcomer Settlement Program (NSP) that provides funding to organizations providing services to refugees, landed immigrants, student and work permit holders, Minister’s permit holders and Canadian citizens. Some settlement agencies in Ontario also receive funding from Citizenship and Immigration Canada (federal funding) and large foundations such as the United Way. Citizenship and Immigration Canada, however, places limits on who can access the programs that they fund – these programs and services are not open to Canadian citizens, refugee claimants and temporary foreign workers, for example.
- 5 It is difficult to estimate how many settlement agencies operate across Canada and in Ontario because many organizations deliver services that can be considered “settlement-related” and some groups operate informally and solely with the help of volunteers. We also do not know how many immigrants access settlement agencies or settlement services. A 2007 study by Xue (2007) using the Longitudinal Survey of Immigrants to Canada found that 66 % of newcomers accessed education or training within six months after landing in Canada. The same study found that, 6 months after arrival, 70 % reported barriers finding employment, and that this number only decreased by one percent after two years. Initially, newcomers were more likely to rely on family and friends to overcome labour market barriers but the role of government agencies became more significant 4 years after landing. In Ontario, 104 agencies serving immigrants received

funding from the NSP in 2012. Approximately 80,000 newcomers use NSP services each year (Citizenship and Immigration Canada, 2013). Further, a recent study of immigrants living in Ontario who had arrived within the last ten years (n =2530) found that 83 % had used settlement services. Fifty percent had used employment and skills training programs and 51 % had used language training programs (Ontario Council of Agencies Serving Immigrants, 2012).

- 6 While new immigrants come to Canada for a multitude of reasons – hoping to reunite with family, seek refugee or improve their economic situation – a large share from each immigration category will enter the labour market. Labour-market experiences, however, can vary depending on immigration category, duration in Canada and other socio-economic characteristics (Kustec, 2012 ; Ruddick et al., 2005).
- 7 Although new immigrants are increasingly likely to have high levels of education and considerable work experience (Reid, 2012), many have difficulty finding jobs that are commensurate with their education and experience because their foreign credentials are not recognized (Chen et al., 2010), they have few social networks (Buzas and Nesterenko, 1992), lack work experience in the country of arrival (Smith and Jackson, 2002) and do not have full proficiency in English (Nevitte and Kanji, 2007). Smith et al. (2009) found that workers with poor English proficiency, family class migrants, and humanitarian entrants were most likely to be employed in occupations that had greater physical demands than those they had worked in prior to their arrival, at two and four years post-arrival (Corvalan et coll., 1994). In general, immigrants tend to work in less-unionized industries, are more likely to work in involuntary, part-time and temporary jobs, and are less likely to have employer sponsored benefits, such as pension plans and health insurance (Gilmore, 2009). They are more likely to do shift work, be employed in small workplaces, and work in physically demanding occupations (Smith and Mustard, 2010). These work conditions are known to expose workers to higher risk of injury (Smith and Mustard, 2010). A recent study suggests that one factor driving immigrant workers' injury risk may be employment in occupations for which they are overqualified (Premji and Smith, 2012). Higher injury risk has also been linked to a lack of appropriate training, poor English-language skills, and “newness” to the workforce (Corvalan et coll., 1994 ; Dong and Platner, 2004 ; Pransky et al., 2002 ; O'Connor et al., 2005). Finally, several studies have pointed to difficulties immigrants have *after* a work-related injury. These include a lack of knowledge of their rights, difficulty accessing services, and a poor understanding of workers' compensation (Reid, 2012 ; Kosny et al., 2012 ; Premji and Krause, 2010 ; Andersen et al., 2004). These studies suggest that new immigrants need user-friendly resources that inform them about their employment rights, occupational health and safety (OHS) hazards, and course of action in case of an injury.
- 8 In this manuscript, we discuss the process of developing a toolkit to provide information to new immigrants to Canada on OHS (e.g. injury prevention, hazards at work, occupational disease, rights and responsibilities under a provincial Occupational Health and Safety Act, etc.) and workers' compensation (e.g. what to do if an injury occurs, claim filing, entitlements under a provincial workers' compensation system, vocational rehabilitation, etc.). We discuss our review of existing work and health resources, the key role immigration and OHS stakeholders played in the development of the toolkit and the feedback we received from both new immigrant “learners” and educators in the settlement sector. We end with a discussion of our knowledge translation activities and

reflect on the challenges of systematically integrating work and health resources into settlement sector programming.

2. Methods and Results

- 9 The goal of this project was to develop information and training modules for OHS and WC which could be delivered through settlement agency programming and integrated into existing language, job search and employment programs for new immigrants. The idea of the toolkit evolved during a previous study examining the experiences of new immigrants after a work-related injury (Kosny et al., 2012). Most of the participants in that study knew very little about their rights at work or about workers' compensation. A number told us that they wished they had learned at least a little about these topics when they took language or job preparation classes. They also spoke about the paucity of information on these topics in various "welcome" materials they received when they came to Canada. This latter point was one we had also noted when looking at settlement pamphlets aimed at newcomers. We began a series of discussions with a large settlement agency in Toronto about how they prepared newcomers to enter the workforce and with an injured worker group about the best way to get some OHS and WC information to newcomers. We came up with the idea of a series of modules that could be delivered during employment preparation and language training as part of settlement programming. We strongly believe that preparation to work in Canada should include some basic information on workplace rights, OHS and workers' compensation. We thus prepared a grant proposal for funding to develop the toolkit. The proposal was successful and the project was funded through a development grant from the Workplace Safety & Insurance Board of Ontario.²
- 10 Our project had main five steps. 1) Identification and engagement of key stakeholders from the immigration settlement and OHS communities ; 2) A scan of work and health resources already available to newcomers, including the identification of key trends and gaps related to current programming. 3) The development of a draft toolkit, informed by scan findings. 4) Focus groups with settlement service providers and new immigrant "learners" to help improve and refine the toolkit. 5) Knowledge transfer activities and planning for next steps.

3. Stakeholder engagement

- 11 It was important for us in the course of this project to have key stakeholders from the immigrant settlement and OHS communities provide feedback on the content and help determine the appropriate mechanisms for sharing the toolkit with settlement service providers and new immigrants. While our work started with consultations with Skills for Change and Injured Workers' Consultants (as discussed above), we then invited other groups who could help us with the development of the toolkit to sit on the committee. The final advisory committee included work and health researchers (Kosny, Lifshen, Smith, Saunders and Breslin) and was comprised of representatives from the following groups :
 - Workplace Safety and Prevention Services (a health and safety association)

- Injured Worker Consultants (a community based organization providing free legal services to injured workers, including immigrants)
 - Health and Safety Policy and Program Development Branch at the Ontario Ministry of Labour
 - Workers' Health and Safety Centre (an organization providing health and safety training)
 - Occupational Health Clinics for Ontario Workers
 - Skills for Change (a large settlement organization providing learning and training programs for new immigrants)
 - Multilingual Services at the Workplace Safety and Insurance Board
- 12 The advisory group was active throughout the project. The group helped determine the parameters for the resource scan and the topics of the modules that made up the toolkit, reviewed module drafts, and engaged in discussions about steps we should take once the toolkit was developed. We feel that our engagement with the advisory committee made the toolkit relevant to those working with immigrant groups in the settlement sector and in the OHS field.

4. Scan of work and health resources

- 13 The researchers, along with the advisory committee, decided that prior to the development of the toolkit, a scan of existing resources would be carried out to determine where there were gaps in the existing work-and-health-related materials being offered to newcomers. Initially the scan was only conducted in Ontario but then was expanded to the rest of Canada. In addition to OHS and WC, we also reviewed resources on *Employment Standards* (vacation pay, hours of work, overtime, rights related to sick leave, etc.). The goal of the scan was also to identify innovative programs, materials, or methods of delivery that could be adapted to the context of settlement service programming. Given the move to the digitization of materials, we decided to focus on materials that could be found online. Websites of organizations thought to have OHS, WC and employment standards materials for newcomers were searched. These included official government websites, workers' compensation boards, newcomer settlement organizations, labour organizations and community groups in each province/territory. A list of possible sources was generated by the research/stakeholder team and subsequently expanded using a snowball method. A list of key words was developed in English and French to help spot relevant materials on the websites searched. After the initial scan was complete, an advanced Google search was also conducted to help capture any materials that may not have been found through the targeted website searches. We worked with a librarian at the Institute for Work & Health to carry out the search. Once identified, relevant resources were printed out and reviewed by the research team. Each resource was categorized according to geography, content/topic, mode of delivery, audience and language. In total, we examined 421 websites across Canada and found a total of 224 resources that met our search criteria.
- 14 The national scan identified many resources that focussed on employment standards, but a dearth of resources in the area of workers' compensation (Kosny and Lifshen, 2012). The majority of resources were short fact sheets that provided very brief work and health information. Most materials on the topic of settlement (for example, provincial "welcome" guides for new immigrants) contained little information on the topics of interest. Typically they contained some information on employment standards in a given

province but scant information (one or two sentences) about OHS and WC. For example, the *Welcome to Ontario Guide*, a resource that is 52 pages in length and contains 16 pages related to working in Ontario, only mentions OHS in this one sentence :

The Ontario Workplace Gateway website developed by the government provides employers and workers with information on many workplace-related topics. Here, you can learn about workplace rights and responsibilities, employment standards, health and safety laws, environmental protection and many other topics (Ontario Ministry of Citizenship and Immigration, 2009).

- 15 The scan highlighted the need for in-depth information, in varying formats, that focus predominantly on OHS and WC.

5. Toolkit development

- 16 Prior to the development of the toolkit, we had a meeting with educators and curriculum developers at Skills for Change (a settlement agency in Toronto) to discuss general guidelines that would shape the development of the toolkit. For example, it was noted that the toolkit would fit better in employment preparation programs than language training programs. Suggestions were also made concerning the length and format of the toolkit.
- 17 A draft of the toolkit was developed by Kosny and Lifshen. It was comprised of one OHS and one WC module. It included take home materials for learners (new immigrants enrolled in employment preparation courses) and a detailed lesson plan for educators. The lesson plan had suggestions for in-class exercises and discussion questions. We also developed a power point slide deck for workshop leaders or educators wishing to deliver a longer, more in-depth session. The power point deck provided more information than the lesson plan, but complemented the hand out for learners. At this stage, the toolkit was reviewed by members of the advisory committee, who provided feedback on the content and made suggestions for revision. The toolkit then underwent a language review by a curriculum expert through Skills for Change to ensure it would be comprehensible to learners who had an English level of LINC 4³ or higher. The Ministry of Labour and the Workers' Compensation Board reviewed each module to ensure that it was factually correct and contained no contradictions with the Occupational Health and Safety Act and the Workplace Safety and Insurance Act.

6. Focus groups

- 18 Once we had a complete, reviewed draft of the toolkit, focus groups were organized with two groups in order to get feedback on the two modules. One focus group was with instructors in the settlement agency and the other one was with clients/learners. Participants in both focus groups were recruited through Skills for Change. We recruited participants for the first group by sending an email to staff and other organizational contacts, inviting them to participate and provide feedback on the toolkit. Those who were interested contacted the researchers directly. We made certain that those participating had experience teaching in the settlement sector and/or with curriculum development. Instructors often worked in a number of different programs both inside and outside of the organization. To recruit participants for the second focus group, researchers went into several job search and skill development classes in the

organization and invited learners to participate in a focus group. We left a sign up sheet with the instructor who returned it to us with the names and contact information of those who were interested in participating in a focus group. We recruited participants who were taking different types of classes (both general job search classes and classes for specialised training). A number of participants for this group also showed up on the day of the focus group without signing up for the group.

6.1 Instructor/curriculum developer focus group

- 19 Seven participants who held diverse roles in the settlement sector attended the focus group. They included : an assessor who worked one-on-one with clients to determine their eligibility for social assistance programs ; two counsellors who worked with a provincial employment program ; a facilitator with a trades program ; a facilitator with a job-search program for engineers ; a facilitator with the international medical doctor career transitions program ; and a settlement program curriculum developer. Participants were sent all of the sections of the toolkit prior to the focus group and asked to review them. The materials were also available during the focus group. We asked focus group participants to discuss their experience teaching newcomers, the nature of the current curriculum (particularly whether it addressed any issues related to OHS, WC and employment standards), and any barriers and challenges to providing this information. Then participants were asked a series of open-ended questions designed to elicit specific feedback on the format and content of the module. Once the focus group was finished, participants were invited to email us any further suggestions they had about the content, format or delivery of the modules. We received four further responses. The focus group was recorded and notes were taken during and after the meeting. Two researchers reviewed the notes, and findings were separated into those related to teaching newcomers and specific feedback on the toolkit.

6.2 Key findings

- 20 There was consensus among participants that newcomers to Canada needed information about their workplace rights, OHS, and workers' compensation. Participants felt that introducing this information into job preparation classes was a good way to get it to new immigrants preparing to enter the workforce. While this was not information that was regularly requested by students, participants felt that new immigrant learners did not necessarily know the sort of information they would need once they entered the workforce. Often, participants reported, newcomers were initially focussed on getting a job rather than on their rights or safety in the workplace. Participants noted that the format and audiences of the job preparation programs vary widely. Some are one-on-one mentorship programs, others large, multi-session classes. Classes can be generic (on how to find a job in Canada) or focussed on a specific trade. In order to introduce OHS and WC information in their programs, instructors said they needed ample and varied types of information that could be tailored to different settings. There were, however, a number of barriers to integrating OHS and WC materials in existing programming. First, some (but not all) of the government funded programs (one example given was the government funded Job Search Workshops) had very tightly controlled curricula and little flexibility for the introduction of additional topics. More generally, even in programs where there was greater flexibility in the content of the classes, instructors expressed a degree of

discomfort around introducing the materials. The participants noted that instructors had considerable gaps in their own knowledge when it came to OHS and WC information, particularly about which businesses had workers' compensation coverage and OHS legislation. The participants appreciated having additional information and links to further resources that could expand their understanding and make them more comfortable teaching the topics. A few participants suggested that a "train the trainer" model would be a way of improving the skills and knowledge of the instructors and this in turn would make them more comfortable delivering the material to students. One participant suggested that workplace Health & Safety representatives could play a role in teaching this information to educators. Some participants felt that work and health topics had the potential of raising challenging questions which they were ill-equipped to answer. For example, instructors were not sure what to say if a student expressed concern that she or he would be terminated after refusing unsafe work. They suggested that the modules contain a section that addressed some "difficult" questions that may arise out of a session on OHS and WC and suggestions for how instructors could respond.

- 21 In terms of the format of the modules, participants liked the addition of a power point slide deck that contained additional information for both instructors and students. Participants thought that screen shots in the WC power point presentation of various forms that would need to be filled out in case of an injury were a good way to have instructors and students familiarize themselves with these forms. The inclusion of class discussion topics and exercises was well received. Participants felt that the modules were too densely worded. They suggested changing the format so that there were fewer words per page and highlighting key points with bold or colour. They felt it was important to use consistent wording throughout (for example, to not call something a cut in one document and a laceration in another).

6.3 Learner/client focus group

- 22 There were 15 participants who attended the client focus group (10 men and 5 women). The majority of the participants were from the Middle East and Africa. Ten had been in Canada for less than one year, while the rest had been in Canada from one to four years. The participants who had signed up to attend the focus group received the materials prior to attending; however, approximately 6 participants saw a sign advertising the focus groups and showed up on the day of the focus group without contacting the researchers. The group was given time at the start of the session to review the materials. Participants received a small honorarium for participating in the focus group. Data from this focus group was handled the same way as in the instructor focus group (discussed above).

6.4 Key findings

- 23 About half of the participants in the group said they had received some settlement information when they first arrived in Canada, mostly at the airport or through settlement organizations. None of this information was on the topic of OHS or WC. A number of the participants felt strongly that new immigrants need information related to their workplace rights and basic OHS before they start work, particularly because many end up in manual employment or in temporary work agencies where they may be

vulnerable to injury. Further, some noted that even if they themselves did not need the information (about workers' compensation) it would be useful to have in case someone in their family was injured. There was consensus that a good place to provide this information was during job search and language training, and also at the start of employment. Some felt that in addition to newcomers having this information, employers who hire new immigrants should be provided with the same information. It was felt that to receive work and health information at the airport or pre-arrival would be premature since there are so many other settlement issues for newcomers to deal with, such as finding housing, setting up banking, health cards, etc. Many of the participants wanted to have more information about issues such as workplace bullying, harassment and discrimination.

- 24 There was no clear consensus about how the toolkit could be offered. Some participants felt a stand-alone workshop would be best as it would provide newcomers with more in-depth information (even though the group would be self-selected). Others thought that integrating the module into pre-existing classes would mean that it reached a wider audience, even those who did not feel they needed the information. Similarly to the first focus group, these participants felt that the wording was too dense in the modules and there was a need to incorporate colour to highlight important sections. Participants also wanted links to resources (programs, websites, services) where they could access more information and get help if their rights were violated.

7. Finalizing the module and knowledge transfer activities

- 25 Once the focus groups were complete, we examined the feedback from each group to see if it was feasible to incorporate in our modules. Some feedback, (for example, developing another module that would be aimed at business owners who were new immigrants or had new immigrants as part of their workforce) was not feasible as part of this project. We incorporated much of the feedback about the format of the modules and created a glossary of key words and a guide for instructors to answering "challenging questions". It was decided that the modules would be housed at the Institute for Work & Health website (www.iwh.on.ca/pbm) so that content could be updated if necessary (for example, when a new OHS law came into effect). Organizations could access the toolkit via the IWH website knowing that they were accessing the most up-to-date version. Further, because we anticipated that some groups or individuals might only be interested in parts of the resource, the toolkit was separated into several different sections that could be downloaded separately.
- 26 The study advisory committee distributed the toolkit to their contacts. The settlement agency, Skills of Change, has plans to deliver the toolkit in their Employment Ontario centres. The toolkit was presented during the 2012 meeting of the Association of Workers' Compensation Boards in Winnipeg, Manitoba. A USB key containing the modules was distributed to senior representatives from each jurisdiction's workers' compensation board and at the Canadian Association for Work and Health Research conference in British Columbia. The toolkit was also presented to health and safety consultants in a seminar entitled "Research Exchange Series of the Centre for Health and Safety Innovation" given in Mississauga, Ontario. A video about the toolkit was produced by

Workplace Safety and Prevention Services. A health and safety association in Ontario is planning to use the content from the OHS module to develop an online self-directed learning module. In 2013, the Manitoba Workers' Compensation Board customized all the parts of the toolkits for their own provincial setting. Between November 2011 and March 2013, the entire toolkit (including all teacher and student resources, power point slides, glossary of terms, etc.) has had 542 unique downloads (as one zip file). In addition, the OHS module for learners has had 428 unique downloads, while the WC module for learners has been downloaded 221 times.

8. Discussion - Future work planned

- 27 While we acknowledge that employers and regulatory bodies have responsibility for OHS, new immigrants must know about their rights and responsibilities regarding workplace safety, their employer's roles and responsibilities therein, what to do in the event of an injury, and how to access services and resources. The newcomers' desire for accessible information on work and health related rights emerged clearly in a study by Kosny and colleagues (2012). Further, in the same study, some workers felt that if employers knew that new immigrants were systematically given information about OHS, WC and employment standards they would be less likely to exploit them. The development of this toolkit has the potential to improve existing services offered to new immigrants and to increase immigrant worker knowledge about health and safety before a workplace problem or injury occurs.
- 28 We recognise that developing the toolkit is only the first step in the process of getting important OHS and WC information into the hands of new immigrants in a timely and appropriate manner. Potential future activities include evaluating the toolkit, translating the documents, developing a similar toolkit aimed at employers and undertaking a larger, more systematic distribution to formal and informal organizations that make up the settlement sector. However, during the development of the toolkit and consultation with new immigrants, instructors and policy makers in both the immigration and OHS fields, we were confronted with a number of issues that need to be considered before going forward in any of these activities.

9. Discussion – considerations and limitations

9.1 What are the challenges of delivering OHS information through settlement services ?

- 29 Besides the information gleaned from our focus groups, we know little about the challenges that those working in settlement services might experience in delivering work and health information to newcomers. Our service provider focus group participants expressed some apprehension about teaching a topic that they knew little about and that could lead to difficult questions from learners. Before any toolkit is distributed widely to the settlement sector, it is important to understand and address barriers that could hinder successful integration and use.

9.2 Different types of information for different learners ?

- 30 One limitation of our project was that we only had enough resources to conduct two focus groups to garner feedback on the toolkit. We were, therefore, not able to examine whether learners who had come to Canada via different channels, men and women, younger and older workers have unique information needs. Prior to any large scale, systematic dissemination of the toolkit, it would be important to address whether the information it offers is relevant to a variety of immigrant groups and, if not, how shortcomings can be addressed.

9.3 What is the most appropriate way to evaluate the success of the toolkit ?

- 31 An important next step, after the development of the toolkit, is to evaluate its effectiveness. One possible way to evaluate the toolkit would be to adopt the RE-AIM framework which takes a higher level approach to the appraisal of programs and resources (Belza et al., 2008). The framework assesses *Reach* (how does the resource reach the population of interest ? Does it reach those most in need ?) ; *Effectiveness* (Does it produce the desired outcomes ? Is impact tracked ? How ?) ; *Adoption* (How easy is it to understand ? Are there organizational supports in place to facilitate adoption ?) ; *Implementation* (Is the resource/program actually being used ? Is there information available about its delivery ?) and *Maintenance* (Can the program/resource be delivered over the long-term ?) Our focus group and advisory committee discussions made us reflect on what the desired outcomes of delivery of the toolkit should be. Is it the increase of awareness ? Change in behaviour ? Self-reported ability to invoke rights ? How long would a change in attitude or knowledge have to last in order for it to be considered a success ? Would outcomes focus just on learners or on educators as well ? These are important factors we would need to consider when designing an evaluation.

9.4 Challenges providing work and health information

- 32 In addition to identified barriers such as the rigid design of some government funded courses and educators' poor knowledge of the subject area, the delivery of OHS and WC information can be thwarted by a number of other factors. We were made aware of these when we were first discussing the idea of an OHS and WC toolkit for new immigrants with key stakeholders.
- 33 First, presenting information on OHS and WC to new immigrants can be perceived as sending the message that they may end up in jobs that are hazardous and that they may experience exploitation or be hurt in the job that they find. This is not a positive (or popular !) message and one that runs counter to the image of Canada as a land of opportunity for newcomers.
- 34 Second, all of the information that we compiled in the modules is publicly available. Some wondered why it was necessary to produce a toolkit when new immigrants and educators could access this information themselves. This view can be a barrier to a wider distribution of the toolkit. However, as was confirmed in our focus groups, finding information is a time consuming task which could be overwhelming for newcomers given

all the other pressures of settlement. Information on employment standards, OHS and WC is not located in one resource or on one website and the information can be presented in a legalistic, complex manner. Our aim was to provide a resource for learners that was succinct, coherent and basic (with additional resources if more information was desired). For instructors, we provided examples of how materials could be integrated into existing classes, including power point slides and suggestions for class discussions and exercises. In both modules, we also included “informal information” that could be helpful to newcomers (for example, on the importance of keeping a good record after an injury).

- 35 Finally, successfully integrating a work and health module within settlement programming requires commitment from governments and instructors alike. As discussed in the results section, some program content is already mandated and additional content will presumably be added only when it is viewed as important to the settlement process by key policy makers. Where class structures are more flexible, instructors must feel that it is worthwhile for new immigrants to learn about these issues as they prepare to enter the labour market. We are encouraged by other programs such as the Young Worker Awareness Program⁴ that brings OHS information to students enrolled in secondary education in Ontario. Referring to the development and success of this program, aimed at introducing OHS to new, young, workers, may allow policy makers to understand the feasibility of a similar approach with new, *immigrant* workers.

10. Conclusion

- 36 The Prevention Is the Best Medicine Toolkit is the first step in a process of getting understandable and concise OHS and WC resources in the hands of immigrants who are new to the Canadian workforce. The settlement sector, actively engaged in employment preparation programming, may be well-suited to help deliver this information to newcomers. Our focus groups with immigrant learners and settlement sector educators suggest that increasing OHS and WC knowledge is desirable and could protect the health of new workers. Future work should focus on evaluating the toolkit and identifying barriers to successful and systematic integration into employment preparation programming.

BIBLIOGRAPHY

Andersen, C.I. et al. (2004). Respiratory symptoms and airway obstruction in swine veterinarians : A persistent problem. *American Journal of Industrial Medicine*, 46, 4, 386-392.

Association of Workers' Compensation Boards (2012a). *Number of Accepted Time-Loss Injuries, by Industry and Jurisdiction, 2009-2011*. Toronto, Ontario, Canada.

Association of Workers' Compensation Boards (2012b). *Number of Fatalities, by Jurisdiction, 1993-2011*. Toronto, Ontario, Canada.

- Belza, B., Toobert, D., Glasgow, R. (2008). *RE-AIM for program planning : overview and applications*. National Council on Aging, Washington DC, USA.
- Breslin, F.C., Smith, P. (2005). Age-related differences in work injuries : A multivariate, population-based study. *American Journal of Industrial Medicine*, 48, 1, 50-56.
- Buzas, L., Nesterenko, A. (1992). Evaluating client satisfaction in the human service organization : A case study. *New England Journal of Human Services*, 38-38.
- Chen, C., Smith, P., Mustard, C. (2010). The prevalence of over-qualification and its association with health status among occupationally active new immigrants to Canada. *Ethnicity and Health*, 15, 6, 601-619.
- Citizenship and Immigration Canada (2013). *Newcomer Settlement Program*. www.citizenship.gov.on.ca/english/grantsandfunding/nsp.shtml#1.
- Citizenship and Immigration Canada (2012). *Facts and figures 2011 - Immigration overview : Permanent and temporary residents*. Ottawa, Ontario, Canada.
- Corvalan, C.F., Driscoll, T.R., Harrison, J.E. (1994). Role of migrant factors in work-related fatalities in Australia. *Scandinavian Journal of Work Environment & Health*, 20, 5, 364-370.
- Dong, X.W., Platner, J.W. (2004). Occupational fatalities of Hispanic construction workers from 1992 to 2000. *American Journal of Industrial Medicine*, 45, 1, 45-54.
- Gilmore, J. (2009). *The 2008 Canadian Immigrant : Labour Market : Analysis of Quality of Employment, in The Immigrant Labour Force Analysis Series*. Statistics Canada, Ottawa, Ontario.
- Kosny, A. et al. (2012). Delicate dances : immigrant workers' experiences of injury reporting and claim filing. *Ethnicity & Health*, 17, 3, 267-290.
- Kosny, A., Lifshen, M.E. (2012). A National Scan of Employment Standards, Occupational Health and Safety and Workers' Compensation Resources for New Immigrants to Canada. *Canadian Journal of Public Health-Revue Canadienne de Santé Publique*, 103, 1, 53-58.
- Kustec, S. (2012). *The role of migrant labour supply in the Canadian labour market*. Citizenship and Immigration Canada, Ottawa, Ontario.
- Nevitte, N., Kanji, M. (2007). *Immigrants and work : Findings from the 1990 and 2000 World Values Surveys (Canada)*. Citizenship and Immigration Canada, Ottawa, Ontario, 18p.
- O'Connor, T. et al. (2005). Adequacy of health and safety training among young Latino construction workers. *Journal of occupational and environmental medicine / American College of Occupational and Environmental Medicine*, 47, 3, 272-277.
- Ontario Council of Agencies Serving Immigrants (2012). *Making Ontario Home : A study of settlement and integration services for immigrants and refugees*. Ontario Council of Agencies Serving Immigrants, Toronto, Ontario, 94p.
- Ontario Ministry of Citizenship and Immigration (2009). *Welcome to Ontario : A Guide to Programs and Services for Newcomers to Ontario*. Toronto, Ontario.
- Pransky, G. et al. (2002). Occupational risks and injuries in non-agricultural immigrant Latino workers. *American Journal of Industrial Medicine*, 42, 2, 117-123.
- Premji, S., Krause, N. (2010). Disparities by ethnicity, language, and immigrant status in occupational health experiences among Las Vegas hotel room cleaners. *American Journal of Industrial Medicine*, 53, 10, 960-975.
- Premji, S., Smith, P. (2012). *Education-to-job mismatch and the risk of work injury*. Injury Prevention.

- Reid, A. (2012). Under-use of migrants' employment skills linked to poorer mental health. *Australian and New Zealand Journal of Public Health*, 36, 2, 120-125.
- Ruddick, E., et al. (2005). *Longitudinal survey of immigrants to Canada : Portrait of early settlement experiences*. Statistics Canada, Ottawa, 98p.
- Smith, P., Mustard, C. (2010). The unequal distribution of occupational health and safety risks among immigrants to Canada compared to Canadian-born labour market participants : 1993-2005. *Safety Science*, 48, 10, 1296-1303.
- Smith, P., Chen, C., Mustard, C. (2009). Differential risk of employment in more physically demanding jobs among a recent cohort of immigrants to Canada. *Injury Prevention*, 15, 252-258.
- Smith, P., Mustard, C. (2009). Comparing the risk of work-related injuries between immigrants to Canada, and Canadian-born labour market participants. *Occupational and Environmental Medicine*, 66, 6, 361-367.
- Smith, E., Jackson, A. (2002). *Does a rising tide lift all boats ? The labour market experiences and incomes of recent immigrants 1995-1998*. Canadian Council on Social Development, Ottawa, Ontario, 14p.
- Xue, L. (2007). *Portrait of an Integration Process : Difficulties encountered and resources relied on for newcomers in their first 4 years in Canada*. Citizenship and Immigration Canada : Ottawa, Ontario.

NOTES

1. These statistics are based on accepted, lost time workers' compensation claims. The number of work injuries in Canada is likely much higher, given that not all workplaces have workers' compensation coverage and not all injuries are reported or accepted.
2. One part of the project – the national scan of pre-existing work and health resources for newcomers was funded by the Public Health Agency of Canada
3. LINC is Language Instruction for Newcomers to Canada. Level 5 is the highest level of English tuition that is available across Canada for newcomers.
4. *Young Worker Awareness Program*. 2013, June 23. <http://ywap.ca/english>

ABSTRACTS

New immigrants to Ontario have a greater probability of being employed in jobs with a higher number of occupational health and safety (OHS) hazards. In addition, recent immigrants may have higher risks of work injuries and be less likely to access compensation after injury. Despite these issues, information provided to new immigrants about OHS and workers' compensation (WC) is often informal and fragmented. In this paper, we discuss the development of a tool to share information about OHS and workers' compensation with newcomers using settlement services. While acknowledging that employers and regulatory bodies also have responsibility for OHS, new immigrants must have the necessary resources to protect themselves from harm in the workplace, and know what to do in the event of an injury and how to access services and support. Building on previous research, we completed a national scan that reviewed the existing safety resources for recent immigrants entering the Canadian workforce. Then, in conjunction with an

Advisory Committee, we developed a toolkit covering the general components of OHS in Ontario and the Ontario Workers' Compensation system. Once the toolkit was developed, focus groups were conducted with educators and new immigrant learners from a large settlement organization in Toronto which provided feedback on the tools.

In the method and results section, we will discuss the toolkit development process and the focus group results. In the focus groups, there was agreement that it was important to introduce this information in programs that prepared newcomers for employment, with many people stressing that information had to be accompanied by efforts to increase employer knowledge and compliance. Settlement staff identified a lack of time and knowledge about OHS and WC as barriers to delivering this information. Both groups thought it was important that work-related mental health issues be addressed in the material. Material had to be delivered in a way that could incorporate class discussion, exercises and questions. Settlement staff wanted some guidance around how to address difficult questions and issues related to these topics.

The development of this toolkit has the potential to improve existing services offered to new immigrants and to increase immigrant worker knowledge about health and safety before a workplace problem or injury occurs. Such knowledge can help reduce the risk of injury and lead to more positive social, health and economic outcomes. We end this paper by discussing dissemination activities and recommendations for future work in this area.

Par rapport aux autres travailleurs, les immigrants fraîchement arrivés en Ontario courent davantage le risque d'occuper des emplois dangereux pour la santé et la sécurité au travail (SST), d'être victime d'accidents de travail et de ne recevoir aucune d'indemnisation après une blessure. En dépit de ces statistiques, les renseignements fournis aux nouveaux arrivants demeurent souvent informels et fragmentaires. Dans cet article, nous étudions la mise au point d'un outil pour diffuser l'information sur la SST et l'indemnisation aux nouveaux arrivants ayant recours aux services d'établissement. S'il est vrai que les employeurs et les organismes de réglementation ont une part de responsabilité dans la SST, les nouveaux arrivants doivent disposer des ressources pour se protéger du danger en milieu de travail, savoir quoi faire en cas de blessure et comment accéder aux divers services et soutiens.

En nous appuyant sur les recherches antérieures, nous avons effectué une recension nationale des ressources en sécurité destinées aux nouveaux arrivants qui se joignent à la population active canadienne. Ensuite, en collaboration avec un comité consultatif, nous avons mis au point une trousse d'information sur les principaux éléments de SST et du système d'indemnisation des travailleurs en Ontario. Une fois la trousse terminée, conseillers et nouveaux immigrants-apprenants d'un grand organisme d'établissement de Toronto ont formé des groupes de discussions et fourni leurs impressions sur les outils de la trousse.

Nous étudierons le processus d'élaboration de la trousse et la rétroaction des groupes de discussions. Tous les participants aux groupes de discussion étaient d'accord pour affirmer que l'information de la trousse importait en vue de préparer les nouveaux arrivants à se joindre à la population active : plusieurs ont cependant souligné que l'information devrait se conjuguer à un effort pour renseigner également les employeurs et les inciter à se conformer aux règlements. Les conseillers en établissement, quant à eux, ont fait valoir que le manque de temps et de connaissances sur la SST et l'indemnisation des travailleurs faisait obstacle à la diffusion de l'information. Les groupes ont tous deux convenu que la trousse devrait également contenir un volet sur les problèmes de santé mentale au travail et être conçue pour intégrer des discussions en classe, des exercices et des questions. Les conseillers en établissement souhaitaient des recommandations sur la façon d'aborder les questions et problèmes épineux soulevés par les divers sujets.

Cette trousse pourrait améliorer les services offerts aux nouveaux arrivants et aider ces derniers à accroître leurs connaissances de la santé et de la sécurité avant qu'un problème ou qu'un

accident ne survienne. Ces connaissances pourraient permettre de réduire le risque de blessures et favoriseraient des retombées positives sur la santé, l'économie et la société. Nous concluons par l'examen d'activités de diffusion possibles et de recommandations de pistes à poursuivre dans le domaine.

Los nuevos inmigrantes en Ontario tienen una mayor probabilidad de ser empleados en trabajos con un mayor número de riesgos de seguridad y salud en el trabajo (SST). Además, los inmigrantes recientes pueden tener un mayor riesgo de accidentes de trabajo y una menor probabilidad de acceder a la indemnización después de la lesión. Pese a estos problemas, la información proporcionada a los nuevos inmigrantes sobre SST o compensación de los trabajadores es a menudo informal y fragmentada. En este artículo se discute el desarrollo de una herramienta para compartir información en materia de SST y de indemnización de los trabajadores con los inmigrantes recién llegados que utilizan los servicios de acogida. Si bien se reconoce que los empleadores y los organismos reguladores también tienen responsabilidad en materia de SST, los nuevos inmigrantes deben tener los recursos para protegerse de un posible daño en el puesto de trabajo, conocer qué hacer en caso de una lesión y cómo tener acceso a servicios y apoyos.

Sobre la base de investigaciones previas, completamos una revisión nacional de los recursos en materia de seguridad existentes para los inmigrantes recién llegados a la fuerza laboral canadiense. Posteriormente, junto con un comité asesor, se desarrolló un conjunto de herramientas que cubre los componentes generales de SST en Ontario y el sistema de compensación de los trabajadores de Ontario. Una vez desarrollado este conjunto de herramientas, se llevó a cabo grupos focales con los educadores y los alumnos inmigrantes reciente de una organización de la región del gran Toronto, que proporcionó información sobre las herramientas.

En nuestros resultados discutiremos el proceso de elaboración de la guía y los resultados de los grupos focales. En los grupos de discusión se acordó que era importante introducir esta información en programas que preparan a los recién llegados para el empleo, mientras que muchos señalaron que la información tenía que ir acompañada de esfuerzos para aumentar el conocimiento y cumplimiento de lo establecido de la parte de los empleadores. El personal de acogida identificó la falta de tiempo y de conocimientos sobre la SST y la indemnización como barreras en la transmisión de esta información. Ambos grupos creyeron importante abordar en el material los problemas de salud mental en el trabajo. El material tendría que ser concebido de manera a incorporar la discusión en clase, ejercicios y preguntas. El personal de acogida quería un poco de orientación en torno a la forma de abordar las preguntas difíciles y los problemas relacionados con estos temas.

El desarrollo de esta herramienta tiene el potencial de mejorar los servicios existentes que se ofrecen a los nuevos inmigrantes y aumentar el conocimiento de los trabajadores inmigrantes acerca de la salud y seguridad antes que un problema o lesión en el puesto de trabajo ocurra. Este conocimiento puede ayudar a reducir el riesgo de lesiones y dar lugar a un balance más positivo tanto desde el punto de vista social como desde el punto de vista sanitario y económico. Terminamos hablando de actividades de difusión y recomendaciones para el trabajo futuro en esta área.

INDEX

Mots-clés: nouveaux arrivants, santé et sécurité au travail, indemnisation des travailleurs, formation, services d'établissement

Palabras claves: nuevos inmigrantes, seguridad y salud en el trabajo, compensación de trabajadores, formación, servicios de acogida

Keywords: new immigrants, occupational health and safety, workers' compensation, training, settlement services

AUTHORS

AGNIESZKA KOSNY

Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Australia,
Institute for Work & Health, Toronto, Canada

MARNI LIFSHEN

Institute for Work & Health, Toronto, Canada

PETER SMITH

Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Australia,
2. Institute for Work & Health, Toronto, Canada

RON SAUNDERS

Institute for Work & Health, Toronto, Canada

ROLAND RHOOMS

Skills for Change, Toronto, Canada